

Expected Practices

Specialty: Cardiology

Subject: Pre-syncope and Syncope in Adults

Date: May 1, 2014

Purpose: Initial Evaluation of Pre-syncope or Syncope in Adults

Target Audience: Primary Care Providers

Expected Practice:

INITIAL EVALUATION

- Make note of any vasovagal symptoms, medications, seizure like activity, symptoms associated with a CVA or TIA, chest pain, palpitations.

PHYSICAL EXAMINATION:

- Assessment for orthostatic hypotension, heart murmur, and neurologic exam.

TREATMENT PRIOR TO REFERRAL:

- History of syncope should be reported to the DMV.

STUDIES TO BE CONSIDERED BEFORE eCONSULT:

- ECG
- Echocardiogram
- Holter monitor test if history of palpitations is elicited
- Tilt table test if there is no structural heart disease by exam, ECG or Echocardiogram

SPECIAL INSTRUCTIONS:

- Cases to be sent to the for ED include injury with fall and cause necessitating hospitalization (i.e. sick sinus syndrome with pauses).
- eConsult any cases where there are questions or concerns not addressed above.

This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.